

ISOKINETIC QUADRICEPS STRENGTH**TABLE OF CONTENTS**

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ISOKINETIC QUADRICEPS STRENGTH

1. Background and rationale

Standing up from a chair or climbing stairs requires concentric contractions of the knee extensors, while sitting down slowly or descending stairs requires eccentric contraction of the same muscle group. Concentric (CONC) refers to contraction of the muscle as it shortens and eccentric (ECC) to contractions of the muscle as it lengthens. Both types of contractions are essential to function. In Health ABC only concentric contraction will be tested.

A Kin-Com isokinetic dynamometer will be used to evaluate the concentric strength of the knee extensors. Isokinetic dynamometers test muscle performance as the participant applies force against a continuously moving mechanical arm. This is in contrast to isometric dynamometers, which require application of force against a fixed mechanical arm or lever. The Kin-Com is capable of testing a variety of muscle groups while the mechanical arm is moving at a variety of speeds. However, studies have found that muscle performance at one speed is highly correlated with performance at other speeds. We will test the performance of knee extensors at 60° per second.

To minimize time and participant burden, we will test knee extensors on one side only, as at Visit 1. The same leg should be used at Visit 8 as at Visit 6 unless that leg can no longer be tested (see Exclusions, Section 3). We will test participants at 60° per second in the concentric mode to get an average of three acceptable trials.

2. Equipment and supplies

- Kin-Com 125 AP Dynamometer
- Level with magnet
- Certified 5 kg (11 lb) weight with hook or handle and velcro strap for attaching weight to load cell
- Step stool, preferably with a handrail

2.1 Service and maintenance

Health ABC has contracted with the Chattanooga group for an extended service contract to cover the length of the study. Planned Maintenance inspections must be scheduled every six months. Regular service schedules must be strictly observed.



2.2 Calibration

See Appendix 1 for step by step calibration instructions. These should be followed once a month. Each clinic will have a certified 5 kg (11 lb) weight for calibration.

3. Safety issues and exclusions

The quadriceps test using the Kin-Com is generally safe and well tolerated by most older participants. However, injury may occur in patients with knee joint pathology or if the machine is operated incorrectly. To avoid injury during testing the mechanical hardware stops must always be in place when training or testing a participant. These pegs, attached to the Kin-Com dynamometer head, act as a backup to the manually determined software stop and start angles. The mechanical stops should be positioned 5° beyond the desired stop and start angles. Failure to place the stops properly may endanger the participant and damage the system. The patient interrupt switch should always be in the participant's grasp during any activity on the Kin-Com. This switch enables participants to stop the lever from moving if they feel that speeds or forces are excessive.

Participants should not be tested on the dynamometer if they have any of the following conditions:

- History of cerebral aneurysm
- Cerebral bleeding within the past six months
- Blood pressure >199 / 109 mm Hg

- Severe bilateral knee pain that would make the examination uncomfortable. Participants with severe unilateral knee pain can be tested on the opposite side.
- Previous total knee replacement; if unilateral, the other knee should be tested.

Unless contraindicated, the participant should be measured on the same leg as they were measured at Visit 6 (see Health ABC Data from Prior Visits Report). However, some participants may have had a knee replacement since Visit 6, or may now have severe knee pain that precludes testing on the original leg. In that case, the other leg should be tested, unless it too has had knee replacement or another contraindication to testing. If a participant complains of pain during the test, or if their curves indicate that they are unable to do the test due to pain (see Appendix 2 for examples of curves indicating pain), the test should be discontinued. NOTE: it may be necessary to change the scale of the image on the screen to be able to detect the wobbles indicating pain. Generally speaking, the scale should be as expanded as possible while keeping the entire curve still on the screen. Detailed instructions for changing the scale are included in Appendix 3 (in **boldface type**).

4. Participant and exam room preparation

The minimum space requirements for Kin-Com dynamometry is 9'x12', and a 12'x14' space is very comfortable.

Ideally, this test should be performed after a short period of warm-up exercise. The Long-distance Corridor Walk is well suited to this purpose and should be performed first.

5. Detailed measurement procedures

Health ABC will use the Kin-Com 125 AP dynamometer. This dynamometer has an automatic positioning feature that stores and recalls a participant's exact positioning and testing protocol from one examination to the next. It is important for this longitudinal study that the methods of strength testing and the participant positioning be consistent throughout the study. Therefore, the settings from Year 6 should only be changed if: 1) the shin pad could slide up and down on the participant's leg, or 2) the lever arm length is too long and touches the top of the foot or prevents the participant from flexing their foot to a 90 degree angle. Short lever arm lengths should be left as is.

Step-by-step instructions for use of the Kin-Com for a participant who has been tested before can be found in Appendix 3. If a participant did not have a baseline exam but can be measured now, follow the procedures in Appendix 4 (new participant). Participants who can no longer be tested on the same leg as at Visit 6, but can be measured on the other leg can be set up by following the instructions in Appendix 3, but doing a new test. The step-by-step instructions for positioning the participant for the new leg are listed in Appendix 3 following the ☸.

5.1 Record keeping

A form is provided as a backup to the computer storage of patient positioning and for a summary record of isokinetic dynamometry testing performed on each participant. In addition, certain data are entered into the Kin-Com database via the keyboard. This includes participant name, gender, Health ABC Enrollment ID # (in the “physician” space in patient information), and the Staff ID of the examiner (in the “clinician” space). **It is important to complete all four of these fields to allow the participant to be positively identified in the data sent to the Coordinating Center for analysis.**

Record which leg is being tested (see Health ABC Data from Prior Visits). Record participant positioning parameters including lever arm length, how many trials were attempted, how many trials were accepted, peak torque, average torque, whether or not the test was performed, and the date of the test.

Important: A printout of the report form should also be made immediately after each testing session and kept in the participant’s record in case of computer failure. The .cha filename on this printout should be recorded on the form.

5.2 Administration

5.2.1 Determine contraindications or disabilities of knee to be tested

1) Check the blood pressure form to ensure that the participant’s sitting blood pressure does not exceed 199 systolic and 109 diastolic mm Hg. Record on Kin-Com Form.

2) If the participant indicates that they have suffered a cerebral aneurysm, record this on the Kin-Com form (on page 45 and page 48) and do not continue. Testing is contraindicated in these participants.

Script: “Has a doctor ever told you that you have an aneurysm in the brain?”

3) If the participant indicates that they have suffered a cerebral hemorrhage in the past six months, record this on the Kin-Com form (on page 45 and page 48) and do not continue. Testing is contraindicated in these participants.

Script: “Has a doctor told you that you had a cerebral hemorrhage (bleeding in the brain) in the last six months?”

4) Determine which knee can be tested.

Script: “Have you ever had knee surgery on either leg where all or part of the joint was replaced?”

Refer to the Data from Prior Visits Report for the leg that was tested at Visit 6. If not contraindicated by a new knee replacement, test the same leg as at Visit 6.

5) If both knees have been replaced, do not test. Otherwise, with reference to the leg of interest, determine whether pain will prevent them from doing the test.

“Is it difficult for you to bend or straighten either of your knees fully due to pain, arthritis, injury, or some other condition?”

6) Determine whether the leg can be tested by using a simple manual test. Have the participant extend their knee until the knee is flexed 60 degrees down from the fully extended position. The tester asks the participant to extend the knee and tests manually that the task is correctly understood.

Put hands above the participant’s ankle and ask the participant to press against your hands. Keep your elbows extended and use the weight of your upper body to resist the push.

After having tried the movement, the participant should be asked:

Script: “Did you have pain in your knee that stopped you from pushing hard?”

Record results of manual test on Kin-Com form. Do not test if neither leg can be tested without excessive pain.

5.2.2 Positioning the participant on the Kin-Com

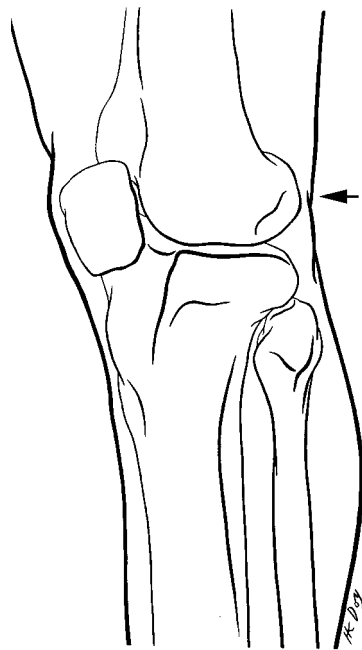
1) Participants are positioned sitting and with the back supported according to instructions. Stabilizing straps are placed across the pelvis and the distal thigh of the leg to be tested. Be sure the participant sits all the way back against the back of the chair and the stability straps are strong enough to prevent the participant from using other muscle groups to help the thigh muscle. In Memphis, the participant’s untested leg should hang free without support. In Pittsburgh, the participant’s untested leg should rest on the footrest.

Script: “Now I would like you to sit in the chair with your hands comfortably in your lap. Please keep your hands in your lap during all testing.”

2) If the same leg was tested at Visit 6, position the participant using the dynamometer positioning parameters stored at Visit 6 (see Appendix 3).

IMPORTANT: After positioning the participant, be sure to proceed to Manual Mode, then touch Index Location and check whether all positioning parameters including lever arm length are correctly entered, then touch Accept. Touch Enter to save this participant position and touch Yes when asked “Positional data for this patient/side/joint/movement exists. Do you want to overwrite?” **It is very important to follow these steps to ensure that all positioning parameters including lever arm length are correctly stored to allow later deletion of data files without loss of positioning information.** As a backup, lever arm length as well as all

positioning parameters will be recorded on the exam form. Detailed step-by-step instructions for carrying out these important tasks are included in Appendix 3.



3) If the opposite leg must be tested, or if the participant has not been tested before, the participant must be positioned correctly in the dynamometer. The knee joint (lateral femoral epicondyle [see figures above]) is aligned with the rotational axis of the dynamometer. This can usually be accomplished by adjusting the dynamometer up/down and in/out. Occasionally seat angle up/down and seat in/out adjustments must be made. The resistance pad at the end of the lever arm is placed approximately two finger widths above the ankle bones (malleoli). (See figure below.) In very tall participants place the resistance pad as near to the ankle as possible.



The Kin-Com automatically records any changes to the dynamometer positioning and seat that might have been changed while fine tuning the participant's positioning. The software will also prompt the operator to make any necessary changes to the dynamometer tilt (parameter A) and rotation (B); lever arm stops (C&D); and seat rotation (E), back angle (F), bottom depth (G), or bottom angle (H). These changes in the manual parameters must be read from the dynamometer and entered manually into the program so that future measurements can be standardized.

5.2.3 Test parameters

- 1) The computer joint angle is adjusted to anatomical joint angle by referencing the machine at 90° when the participant's knee is at 90°. ¹ The machine reference angle must then be entered as 90° (see Appendix 3).
- 2) To correct for gravity, the participant's limb is weighed at approximately 45°. Weighing and gravity correction are covered in detail in Appendix 3.
- 3) Start and stop angles are set at 90° and 30°. Follow the instructions in Appendix 3. It is important that the start and stop angles be set correctly. Testing from 89° to 31° is not the same as testing from 90° to 30°.
- 4) Participant performs an isometric effort (lever arm not moving) to determine half-maximal force (used as start force for isokinetic testing).
- 5) Test concentric repeatedly with a 20-second rest between each until three similar curves have been obtained, but no more than 6 attempts.

5.2.4 Demonstration and practice

- 1) Participants should be given the interrupt switch to hold and instructed to use it if during the test they become apprehensive that the machine is pushing them too hard or they experience pain that makes them want to stop the test. In this case, pushing the switch will shut down all power to the Kin-Com and it will come to a soft stop.
- 2) Before testing begins, participants should be asked to perform a maximum *isometric* effort (lever arm does not move) to determine the starting force for isokinetic dynamometry. The starting force will be set at half the maximum isometric effort (see Appendix 3).

Script: “On this first test, the lever arm will not move. I want you to push as hard as you can until I say stop. Push, push, push, okay stop.”

- 3) Participants should perform two good submaximal practice efforts before testing begins. A good practice is based on the shape of the curve.

Script: “Now that you are all set up, I would like you to do a couple of practice tests. Push against the lever arm and keep pushing until it stops. I just want you to get the feel of it so

¹ Note to investigators analyzing Kin-Com data: By setting anatomical joint angle based on machine joint angle, there may be some error in the actual range of motion measured. This error may be the result of anatomical differences between participants so that the actual range of motion measured may not be 30° to 90°, although the range of motion will cover a 60° arc. In addition the seat angle (usually 15° above horizontal) will generally affect the true joint angle, and in turn affect the actual range of motion measured. The range tested within participant will be constant from visit to visit, but may vary across participants. This should be taken into account when describing the Kin-Com protocol.

you don't need to push as hard as you can. If you experience any pain, tell me and we will stop or adjust the machine."

- 4) If the participant complains of pain during the practice trials, determine how severe the pain is and whether testing should continue.

Script: "Does it hurt enough that you want to stop?"

If the participant complains of severe pain, discontinue testing unless the contralateral leg can be tested.

5.2.5 Test

- 1) Once the participant has practiced the testing procedure, tell them that you will now begin the actual testing.

Script: "OK, this one is for real. I'd like you to push against the lever arm until it stops.

Whenever you are ready, push as hard as you can."

(during the maneuver) "Harder, harder."

(after completion) "Now we'll let you rest" [allow a 20-second rest period].

- 2) You will have to push the lever arm back to the starting position. *Grasp the load cell, not the lever arm* and push the arm back to the starting position.

- 3) Starting with the second effort, the Kin-Com will display the new test overlaid on the old test. If the two efforts "overlay" very consistently, both are accepted. Appendix 5 gives examples of acceptable and unacceptable overlays. If the efforts do not overlay consistently, the one with lower amplitude is discarded.

After each test effort, tell the participant whether the previous two curves were similar or whether the latest effort was an improvement or the effort had dropped off. This feedback will tend to encourage maximal effort on each test.

Concentric efforts are repeated until three similar curves have been obtained. The participant should not be asked to attempt more than six cycles. Keep track of the total number of attempts and the number of attempts "accepted." These numbers should be noted on the exam form.

With experience, it should be fairly easy to tell from the curves when the participant isn't trying. If it appears that less than maximal effort is being exerted, encourage the participant to try harder. Emphasize the importance of the data to the study. However, if the participant complains of pain, or if the form of the curve indicates pain (see Appendix 2), ask if it hurts too much to push full strength. Do not continue to test a participant with excessive pain.

If the participant is obviously fatiguing and efforts are decreasing in magnitude (each subsequent effort is lower than the previous) then after three or four attempts the test may be stopped.

The total number of trials accepted and stored (usually three) and the total number of trials attempted (accepted or rejected) should be recorded on the exam form.

5.2.6 Diskette backup of data

Once a week, the data manager should make a copy of all data collected since the last backup in the study. This backup diskette should be maintained at the site. It is not necessary to send the diskette to the Coordinating Center. The whole set of diskettes constitutes a complete backup of your Year 8 data. Detailed instructions for making a diskette back up are given in Appendix 6.

To determine which files to back up, the sites should keep a log of all Kin-Com exams done. All Year 8 exams should continue to be stored on the Kin-Com computer until the Coordinating Center directs you to delete them.

Any remaining Year 1, Year 2, Year 4, or Year 6 exams should be deleted before starting Year 8. This will prevent the dataset from becoming overly large. Detailed instructions for deleting files are also included in Appendix 6.

6. Procedures for performing the measurement at home

This examination is not feasible for home visits.

7. Alert values/reporting to participants

There are no alert values. When the testing is completed, thank the participant.

8. Quality assurance

8.1 Training and certification

The Kin-Com manufacturer provided on-site training at one or both field centers, covering basic machine operation and the fundamentals of testing, as well as study-specific procedures. Operators should practice on other staff members and themselves until reliable measurements are achieved. It is especially useful to practice on volunteers who are not knowledgeable about what to expect. Training should include:

- observe measurement by experienced examiner
- read manufacturer's user's guide and Health ABC operations manual with goal of understanding
 - the proper use of equipment
 - the proper calibration and adjustment of equipment
 - exclusions and safety considerations
 - detailed testing procedures
- practice on colleagues and "naive" volunteers

8.2 Certification requirements

- Complete training requirements
- Recite exclusion criteria
- Demonstrate calibration and adjustment of Kin-Com
- Perform test on two volunteers under the observation of clinic QC officer or designated Kin-Com expert.

8.3 Quality assurance checklist

- ☐ Log indicates calibration according to schedule
- ☐ Blood pressure form checked to determine if testing contraindicated
- ☐ Consults Data from Prior Visits Report to choose side to test
- ☐ Performs manual test to determine pain exclusion
- ☐ Participant positioning correctly determined (from stored values if repeat test, by fine tuning in the manual mode if first test occasion)
- ☐ Index Location checked and patient positions re-saved for each participant
- ☐ Manual hardware stops in place
- ☐ Patient interrupt switch in participant's hand during demonstration and testing and its operation properly explained
- ☐ Gravity correction correctly applied (leg weight is stable)
- ☐ Correct instructions given while demonstrating procedure
- ☐ Two good submaximal practice efforts
- ☐ Standard level of encouragement (motivation and feedback) offered to participant
- ☐ Correct determination of trials to be stored (based on overlay with previous trials)
- ☐ Three successful trials stored or a maximum of six trials attempted after good practice efforts
- ☐ Key points from script stated and clearly delivered
- ☐ Data saved to Kin Com file
- ☐ Total number of trials and number of accepted trials noted on exam form
- ☐ Report printed and placed in participant's file
- ☐ Reviews form for completeness
- ☐ Form correctly filled out

9. References

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10. Data collection form



HABC Enrollment ID #	Acrostic	Type of Annual Contact	Staff ID#
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 <input type="radio"/> Year 10	<input type="text"/> <input type="text"/> <input type="text"/>

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)**Exclusion Criteria**

1. Is the participant's blood pressure greater than 199 mm Hg (systolic) or greater than 109 mm Hg (diastolic)?

(Examiner Note: Refer to Blood Pressure Form, page 39.)

☐ Yes ☐ No ☐ Don't know

Do NOT test. Go to Question #11.

2. Script: "First I need to ask you a few questions to see if you should try this test."

Has a doctor ever told you that you had an aneurysm in the brain?

☐ Yes ☐ No ☐ Don't know ☐ Refused

Do NOT test. Go to Question #11.

3. Has a doctor told you that you had a cerebral hemorrhage (bleeding in the brain) in the last six months?

☐ Yes ☐ No ☐ Don't know ☐ Refused

Do NOT test. Go to Question #11.

4. Have you ever had knee surgery on either leg where all or part of the joint was replaced?

☐ Yes ☐ No ☐ Don't know ☐ Refused

Which leg?

☐ Right leg

☐ Left leg

☐ Both legs

Do NOT test right leg.

Do NOT test left leg.

Do NOT test either leg. Go to Question #11.





HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 <input type="radio"/> Year 10

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

5. During the Kin-Com exam, which leg was tested at the Year 6 clinic visit?

(Examiner Note: Refer to the Data from Prior Visits Report to see which leg was tested at Year 6.)

<input type="radio"/> Right leg Test <u>right</u> leg unless contraindicated.	<input type="radio"/> Left leg Test <u>left</u> leg unless contraindicated.	<input type="radio"/> Test not performed at Year 6 clinic visit Which leg was tested at the baseline (Year 1) clinic visit? (Examiner Note: Refer to the Data from Prior Visits Report.) <table border="1"> <tr> <td> <input type="radio"/> Right leg Test <u>right</u> leg unless contraindicated. </td> <td> <input type="radio"/> Left leg Test <u>left</u> leg unless contraindicated. </td> <td> <input type="radio"/> Neither Which hip was scanned during the baseline (Year 1) clinic visit? (Examiner Note: Refer to Data from Prior Visits Report.) <table border="1"> <tr> <td> <input type="radio"/> Right hip Test <u>right</u> leg unless contraindicated. </td> <td> <input type="radio"/> Left hip Test <u>left</u> leg unless contraindicated. </td> <td> <input type="radio"/> Neither Test <u>right</u> leg unless contraindicated. </td> </tr> </table> </td> </tr> </table>	<input type="radio"/> Right leg Test <u>right</u> leg unless contraindicated.	<input type="radio"/> Left leg Test <u>left</u> leg unless contraindicated.	<input type="radio"/> Neither Which hip was scanned during the baseline (Year 1) clinic visit? (Examiner Note: Refer to Data from Prior Visits Report.) <table border="1"> <tr> <td> <input type="radio"/> Right hip Test <u>right</u> leg unless contraindicated. </td> <td> <input type="radio"/> Left hip Test <u>left</u> leg unless contraindicated. </td> <td> <input type="radio"/> Neither Test <u>right</u> leg unless contraindicated. </td> </tr> </table>	<input type="radio"/> Right hip Test <u>right</u> leg unless contraindicated.	<input type="radio"/> Left hip Test <u>left</u> leg unless contraindicated.	<input type="radio"/> Neither Test <u>right</u> leg unless contraindicated.
<input type="radio"/> Right leg Test <u>right</u> leg unless contraindicated.	<input type="radio"/> Left leg Test <u>left</u> leg unless contraindicated.	<input type="radio"/> Neither Which hip was scanned during the baseline (Year 1) clinic visit? (Examiner Note: Refer to Data from Prior Visits Report.) <table border="1"> <tr> <td> <input type="radio"/> Right hip Test <u>right</u> leg unless contraindicated. </td> <td> <input type="radio"/> Left hip Test <u>left</u> leg unless contraindicated. </td> <td> <input type="radio"/> Neither Test <u>right</u> leg unless contraindicated. </td> </tr> </table>	<input type="radio"/> Right hip Test <u>right</u> leg unless contraindicated.	<input type="radio"/> Left hip Test <u>left</u> leg unless contraindicated.	<input type="radio"/> Neither Test <u>right</u> leg unless contraindicated.			
<input type="radio"/> Right hip Test <u>right</u> leg unless contraindicated.	<input type="radio"/> Left hip Test <u>left</u> leg unless contraindicated.	<input type="radio"/> Neither Test <u>right</u> leg unless contraindicated.						

6. Have you ever had an injury that has made one leg weaker than the other?

(Examiner Note: Do not change leg tested based on this question.)

<input type="radio"/> Yes Which leg is stronger? <input type="radio"/> Right leg <input type="radio"/> Left leg <input type="radio"/> Don't know	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused
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7. Is it difficult for you to bend or straighten either of your knees fully due to pain, arthritis, injury, or some other condition?

(Examiner Note: Do not change leg tested based on this question. First try the Manual Test to determine if Kin-Com exam can be performed.)

<input type="radio"/> Yes Which knee? <input type="radio"/> Right knee <input type="radio"/> Left knee <input type="radio"/> Both knees	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Refused
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HABC Enrollment ID #	Acrostic	Type of Annual Contact
H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="radio"/> Year 8 <input type="radio"/> Year 10

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)**Manual Test**

8. Which leg was tested?

☐ Right leg

☐ Left leg

☐ Manual Test not performed

Please explain why:

Examiner Note: Put hands above the participant's ankle and ask the participant to press against your hands. Keep your elbows extended and use the weight of your upper body to resist the push.

After having tried the movement, the participant should be asked:

9. Did you have pain in your knee that stopped you from pushing hard?

☐ Yes

☐ No

Check page 45,
Question #4 to see if
other leg can be tested.

Perform Kin-Com exam. Go to next page.

a. Can other side be tested?

☐ Yes

☐ No

Do Manual Test on other side.

Do NOT test. Go to Question #11.

After having tried the movement, the participant should be asked:

b. Did you have pain in your knee that stopped you from pushing hard?

☐ Yes

☐ No

Do NOT test. Go to Question #11.

Test this leg.





HABC Enrollment ID #

Acrostic

Type of Annual Contact

☒ Year 8 ☐ Year 10

ISOKINETIC QUADRICEPS STRENGTH (KIN-COM)

Manual Positioning Settings

10 *Examiner Note: Refer to the Data from Prior Visits Report for dynamometer settings used at the Year 6 clinic visit. Position dynamometer exactly as before, unless a change in leg tested requires a change in settings. Enter Visit 8 settings below.*

a. Dynamometer tilt

 °

b. Dynamometer rotation

 °

c. Lever arm green C stop

d. Lever arm red D stop

e. Seat rotation

 °

f. Seat back angle

 °

g. Seat bottom depth

 cm

h. Seat bottom angle

 °

i. Lever arm length

 cm

j. Maximum isometric effort to determine starting force

÷ 2 =

→ Enter as Start Forward Force

Kin Com Test

11 Which leg was tested?

☐ Right

☐ Left

☐ Neither; test not done

1. How many trials were attempted?

 trials

2. Were three curves accepted?

☐ Yes

☐ No

a. Why not?

b. How many curves were accepted?

 accepted

3. Peak Torque

 Nm

4. Average Torque

 Nm

Why wasn't the test done?

(Examiner Note: Mark all that apply.)

☐ Participant excluded based on eligibility criteria

☐ Participant refused

☐ Other (Please specify:

 ,


Appendix 1 Kin-Com Calibration Procedure

Part I

Diagnostics

From the Kin-Com Main screen: Touch screen anywhere

1. Select Kin-Com
2. Select System Utilities
3. Type: test
4. Type: yes
5. Select option 1
6. Select option 1
7. Position mechanical stop C at 2; mechanical stop D at 34
8. Make sure the load cell is firmly attached to the lever arm.
9. Position lever arm in approximately the horizontal position and pick up the patient abort switch.
10. **MAKE SURE THE LEVER ARM IS UNOBSTRUCTED AND WILL NOT CONTACT ANY OBJECT!** The lever arm will be moved passively throughout the full range of motion of the machine. This will be done at various speeds including full speed (250+ degrees per second). **DO NOT STAND CLOSE ENOUGH TO BE STRUCK BY THE LEVER ARM DURING THIS PROCEDURE.** During the Diagnostic check the software will actuate the lever arm several times and at several speeds. Do not get in the path of the lever arm until you have completed the Diagnostic check and have safely returned to the Kin-Com software.
11. Press Enter and the Diagnostics program will run.
12. Press the Patient abort switch when requested.
13. When the message Diagnostics program complete appears, press escape.
14. Press escape repeatedly until you return to the main menu.
15. This concludes the Diagnostic portion of the calibration procedure. If any problems were encountered during diagnostics, they would be reported on the screen. If problems are encountered, call service at 800-494-3398.

Part II

Load Cell

If the Kin-Com is not already set up for measuring the right leg, do so before beginning the load cell calibration.

From the Kin-Com Main screen: Touch screen anywhere.

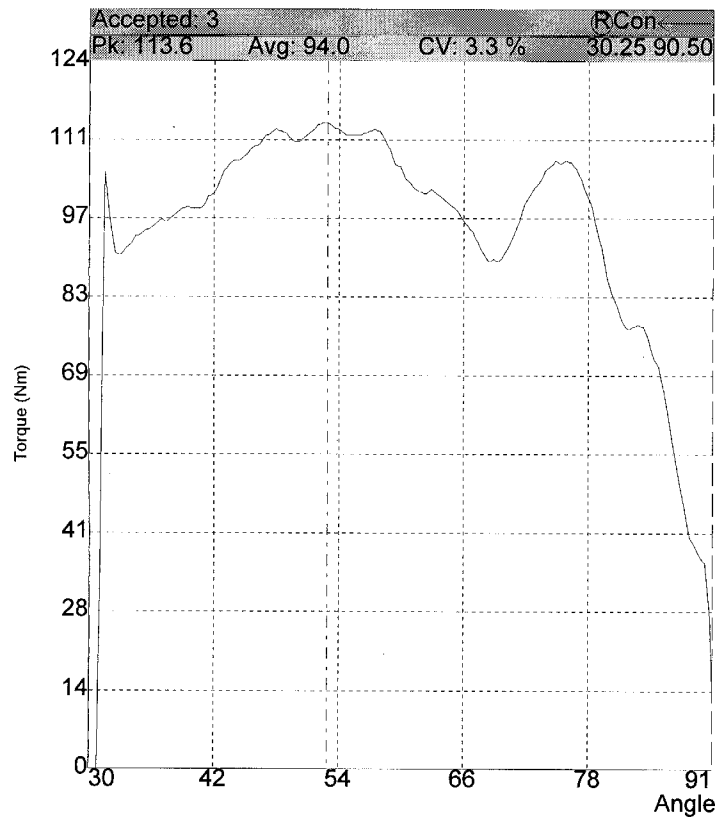
1. Select Kin-Com
2. Select Exercise
3. Select Protocol
4. Select Calibration
5. Select Continuous
6. Select Turn On Anatomical Reference
7. Move lever arm to horizontal and check with a level.

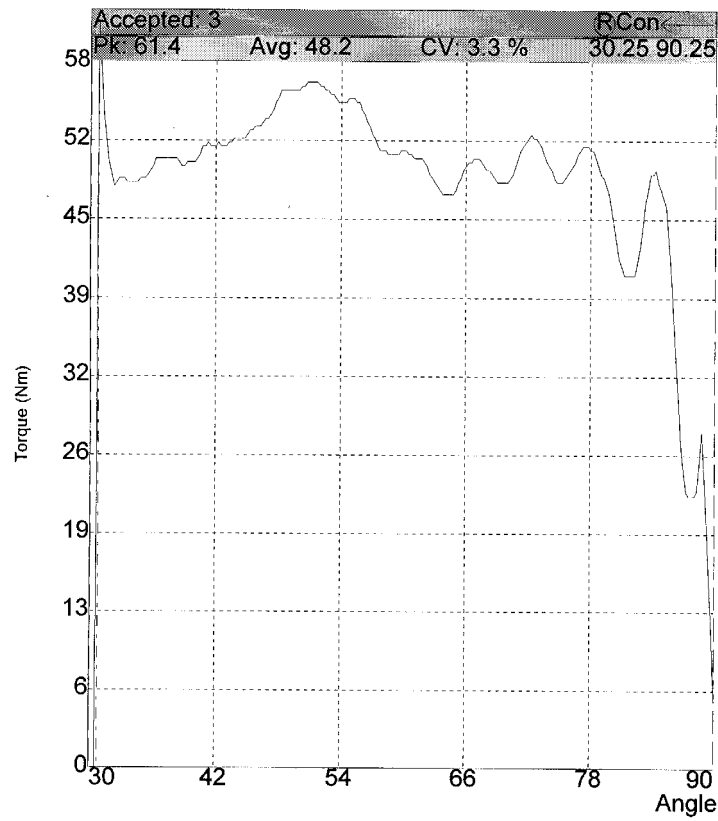
8. Select Enter
9. Actual joint angle is: 0; Select Enter
10. Grasp the load cell, **not the lever arm**, and move lever arm down a few degrees towards vertical.
11. Select Enter
12. Select Enter
13. Grasp the load cell, **not the lever arm**, and move the lever arm up towards horizontal until Stop Angle = 0.
14. Select Enter
15. Select Set Start Angle
16. Grasp the load cell, **not the lever arm**, and move the lever arm down towards vertical until Start Angle = 90
17. Select Enter
18. Select Enter
19. Force should read zero.*
20. Select Start Exercise.
21. Pull up on load cell for about one second.
22. Place a known weight (11 lb or 5 kg) on the load cell. This is most easily done by attaching the weight to the load cell with a velcro strap.
23. Force should read 50 Newtons**
24. Remove weight.
25. Select Escape

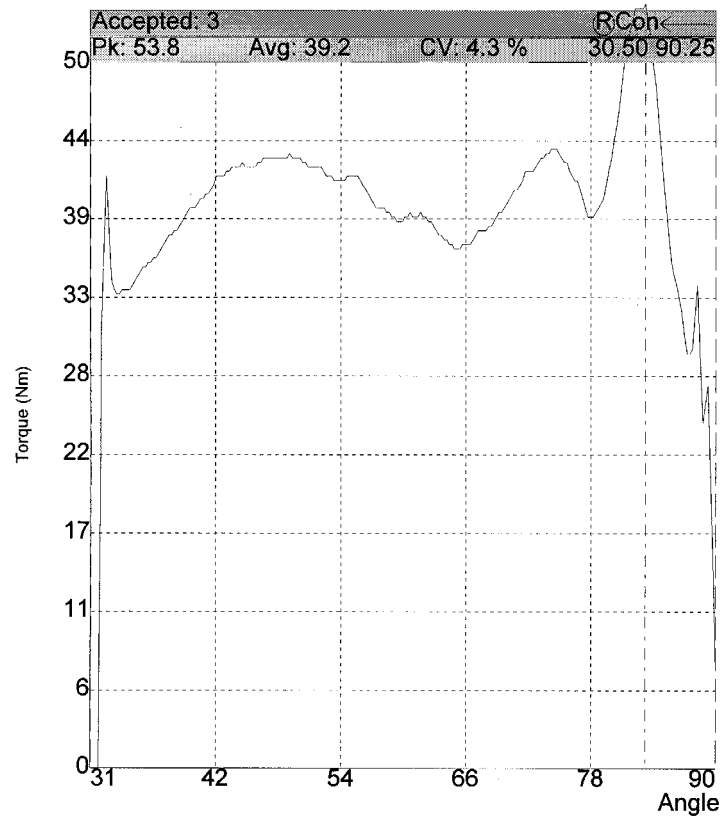
*If the reading flickers back and forth between +1 or -1 and 0, this may be as close as you can get. If force does not flicker between 0 and +/- 1 or read zero with lever arm vertical, remove cover from Kin-Com, find the decal on the computer that shows the location of pot #7 force gain and #8 force zero adjustment (offset). With the lever arm vertical, adjust the zero adjustment screws until force reads zero.

** If force reading does not read 50 Newtons in the horizontal position with the 11 lb (5 kg) weight attached, adjust #7 (gain) until it reads 50 Newtons. Calibration is complete.



Appendix 2 Examples of Curves Indicating Participant Pain



Appendix 2
(page 2)

Appendix 2
(page 3)

Appendix 3 Health ABC Kin-Com Overlay Test Protocol – Repeat Participant

- Power-up the Kin-Com.
- Touch the screen anywhere to enter the Kin-Com Main menu.
- Touch Kin-Com to access the main menu.
- Touch Patient Positions.
- Touch Patient Position.
- Select Patient from scroll box.
- Touch Enter
- Select side.
- The leg measured at the Year 6 visit is shown. If you are about to measure the same leg, continue. If you must change legs (see instructions on the data form), see instructions at  below
- Touch Enter.
- Follow on-screen instructions to position the unit in the Patient's position for knee extension. A box comes up that says: "Automatic positioning has been completed. Press anywhere to advance to the Manual Mode."
- At Manual Mode, **touch Index Location**, check to see that lever arm length is correct (Note: You will have to position the pad on the participant's shin to verify this measurement) Do not change from year 2 values unless lever arm is too long and participant is uncomfortable or cannot flex foot to 90 degrees.
- Use the arrow buttons on the keyboard to move the highlight bar to the appropriate position(s). If any adjustments have been made, type in the correct number(s), including lever arm length, and touch Accept.
- **Touch Enter to save this Participant position.**
- A scroll box will appear that says "Positional data for this patient/side/joint/movement exists. Do you want to overwrite?" **Touch Yes.**
- Touch escape once.
- 
- Touch Evaluation to access the evaluation program.
- The patient scroll box will be displayed, select the appropriate participant's name.
- Touch Enter to accept this participant.
- Review Patient Information. **NOTE: if any information was omitted at the first visit, it may be entered now (e.g., Health ABC Enrollment ID #, etc). If a different examiner is conducting the exam at Visit 8 than at Visit 6, the staff ID ("Clinician") should be corrected.** If no changes need to be made, touch Enter.
- A blue message box will display: You will need the following attachments: Double Shin pad" (you already have it)
- Touch Turn ON Gravity Compensation.
- Move Lever Arm to horizontal position (Check with a level).
- Touch Enter (you will get the joint specification screen again)
- Touch Enter
- Touch Protocol
- Select the ABC (i.e., touch Enter).

- Touch Overlay.
- Set Lever arm length:
The correct lever arm length should be displayed.
Move the load cell to the displayed length.
- Touch Enter.
- Place participant on machine and fasten the stabilization straps securely.
- Set anatomical reference.
 - Select joint position; move lever arm to vertical position (pointing down, check with a level)
 - Touch Enter to record mechanical position of the lever arm at 90°.
 - Enter Actual joint angle; 90.
 - Touch Enter.
- Move joint angle positive.
 - Move the knee towards flexion.
- Press Enter to record the direction as positive.
- Press Enter to advance to the next screen.
- Move Lever Arm to Current angle: =42° for Right knee; 44° for Left knee.
- Move mechanical stop C to 13 for Right knee; D to 25 for Left knee, touch Enter.
- Screen will show current angle close to 42 degrees, touch Enter
- *
 - With the participant's limb attached to the pad, ask them to relax.
 - When the weight reading stabilizes, touch Enter.
 - Limb weight will be displayed.
 - Ask the participant to contract and then relax their leg and repeat from *
- If your weight readings agree, press enter, otherwise repeat again until you have a reading you think is accurate
- Touch Enter
- Set Stop angle:
 - A blue box will display last angle of 30 degrees.
 - Grasp the **load cell** and move the lever arm to 30 degrees. The blue box will turn red when you get to 30 degrees. (It also turns red at 29 and 31; make sure it is on 30 before you press Enter
 - Press Enter to record stop angle.
- Move mechanical stop C back to 8, and D to 19 for Right Knee; C to 20 and D to 30 for Left Knee.
- Set start angle:
 - A blue box will display last angle of 90 degrees.
 - Grasp the load cell and move the lever arm to 90 degrees. The blue box will turn red when you get to 90 degrees. (It also turns red at 89 and 91; make sure it is on 90 before you press Enter)
 - Press Enter to record the start angle and advance to the next screen.
- Set Concentric Activation Force:
 - Ask participant to push as hard as possible against the lever arm. Be sure to tell them that the lever arm will not move.

- Watch the maximal torque numbers scroll by on the right of screen, and record the maximum number.
- Divide that number by two, and set concentric activation force to that number (50% of maximum isometric torque):
 - Select Change, then Force Limits, then Start Forward Force.
 - Enter the desired number on the screen keypad, hit Enter, then select Enter Return to Test
- Touch Start Measure
 - Ask participant to push up on the pad with less than maximal effort for practice. When lever arm stops, touch No.
 - Touch Start Measure
 - **Grasp the load cell (not the lever arm)** and move the lever arm back to 90 degrees. When lever arm stops, touch No.
 - Touch Start Measure
- Repeat CONC practice effort at less than maximal effort.
 - Touch Start Measure
 - Ask participant to push up on the pad with less than maximal effort. When lever arm stops, touch No.
 - **Grasp the load cell (not the lever arm)** and push the lever arm back to 90 degrees. When lever arm stops, touch No
- Allow the participant 20 seconds before starting the real test or repeating the practice test. Participants should perform two good practices (based upon shape of curve) before testing begins.
- Touch Start Measure to begin recording data for the first concentric effort.
 - Tell the participant to push as hard as possible until the lever arm stops.
 - Always Touch Yes to accept the initial concentric effort.
 - Touch Start Measure
 - **Grasp the load cell (not the lever arm)** and push the lever arm back to 90 degrees. When lever arm stops, touch No
 - Wait 20 seconds.

NOTE: If the screen scale is too compressed (or too expanded), you should change it by touching Screen Display, then Scale, then Force. Press the up arrow to compress the scale, down arrow to expand it. Use the down arrow until the top of the curve disappears off the screen, then touch the up arrow once to bring the curve back down to maximally expanded scale. This will allow the most accurate comparison of curve overlays and enable you to see the wobbles that indicate that the participant is experiencing pain.*

- Touch Start Measure to begin recording data for the second concentric effort.
 - As data for the second effort is recorded it will be displayed in blue over the previously collected initial effort (in green). If the two efforts overlay very consistently, then Touch Yes to accept latest effort and Touch Yes to accept previous effort. This will average the two efforts together.



* The default value can be changed permanently by pulling up the Health ABC protocol, selecting "select scale" and changing it to the desired value (50 is suggested). Then select "save" to save the protocol.

- If the latest effort is greater in amplitude, Touch Yes to latest and No to previous. This will save the latest effort and delete the previous.
- If the latest effort is of lower amplitude than the previous, Touch No to latest and it will be deleted.
- Continue in this fashion until three concentric curves have been accepted.
- Touch Save to save data. (Button will change from 0 to 1)
- Touch Escape three times to return to the main menu.
- Touch Reports
- Touch Overlay
- Touch Compare Report
- Select Patient, Enter.
- Select date, Enter
- Select test 1, Enter
- Select test 2, Enter
- Enter

NOTE: The report scale can also be changed by touching Scale, then entering a new scale value (lower numbers give a more expanded scale, higher give a more compressed scale. You will have to enter the new scale value twice).

- Touch Print, Enter
- Touch Enter twice, report prints.

TO CHANGE LEGS

- Touch the screen anywhere.
- Follow on-screen instructions to position the unit in the standard preset position for knee extension.
- Place participant on machine and fasten the stabilization straps securely.
- Touch the screen anywhere to proceed to Manual Mode for fine tuning adjustment for this participant.
 - Make the necessary adjustments so the participant can be taken passively through the range of motion without the shin pad moving up or down the shin.
 - If adjustments to the manual positions A-H are necessary, make the adjustments
 - Touch Index Locations and check to see that lever arm length is correctly entered. Use the arrow buttons on the keyboard to move the highlight bar to the appropriate manual position(s) and type in any changes. Touch Accept.
- Touch Enter to save this as a Participant position.
 - A patient scroll box will be displayed. Select the appropriate participant's name.
- Touch Enter to accept, or Re-do to make changes.
- A blue message box will display: "Adding positional data to the Patient Position Database."
- Touch screen anywhere to continue.
- Return to  

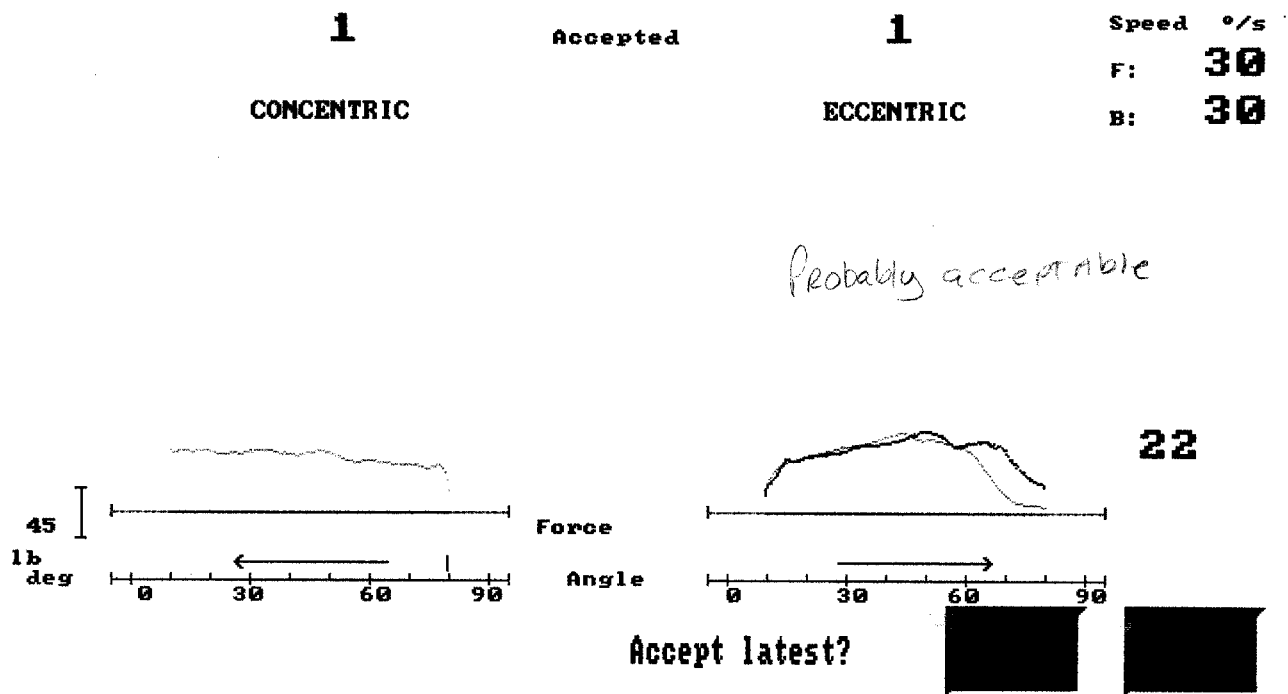
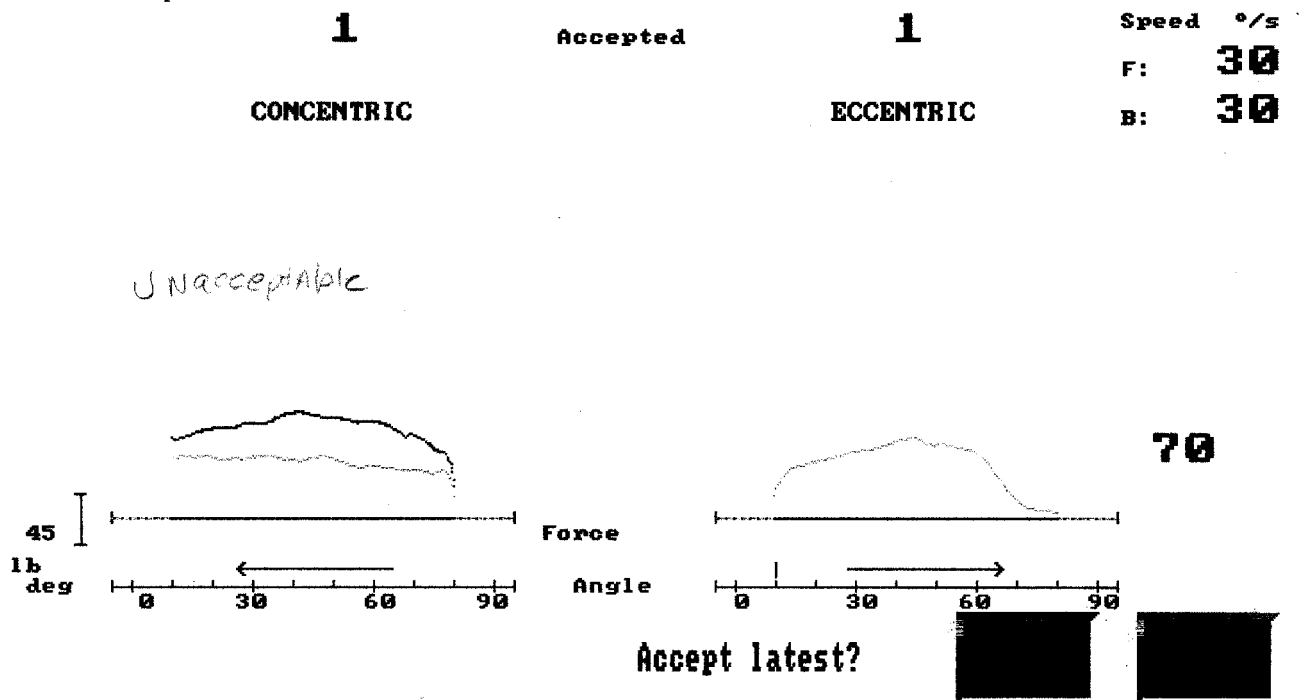
Appendix 4 Health ABC Kin-Com Overlay Test Protocol – New Participant

- Power-up the Kin-Com.
- Touch the screen anywhere to Enter the Kin-Com Main menu.
- Touch Kin-Com to access the main menu.
- Touch Patient Positions.
- Touch Preset Position.
- Touch joint: Knee.
- Touch Ext.
- Touch side: Right or Left as appropriate.
- Touch the screen anywhere.
- Follow on-screen instructions to position the unit in the standard preset position for knee extension.
- Place participant on machine and secure stabilization straps
- Touch the screen anywhere to proceed to Manual Mode for fine tuning adjustment for this participant.
 - Make the necessary adjustments so the participant can be taken passively through the range of motion without the shin pad moving up or down the shin.
 - If adjustments to the manual positions A-H are necessary, make the adjustments, then **touch Index Locations.** Make sure the lever arm length is correctly entered. Use the arrow buttons on the keyboard to move the highlight bar to the appropriate position(s). Type in the new number(s) and touch Accept.
- Touch Enter to save this as a Participant position.
 - A patient scroll box will be displayed. Select New Patient and enter all appropriate data. **This includes entering the Health ABC Enrollment ID # in the space for physician and the examiner's Health ABC staff ID in the space for clinician.**
- Touch Enter to accept, or Re-do to make changes.
- A blue message box will display: "Adding positional data to the Patient Position Database."
- Touch screen anywhere to continue.
- Touch Evaluation to access the evaluation program.
- The patient scroll box will be displayed. Select New Patient and enter all appropriate data.
- Touch Enter to accept this participant.
- A blue message box will display: "You will need the following attachments: Double shin pad" (you already have it)
- Touch Turn ON Gravity Compensation
- Move Lever Arm to horizontal position (check with a level)
- Touch Enter (you will get joint specification screen)
- Touch Enter.
- Touch Protocol
- Select ABC, then touch Enter
- Touch Overlay.
- Set Lever arm length:
 - The lever arm length is the distance from the axis of rotation to the end of the load cell.
 - Enter the correct number on the numeric pad on the screen.

- Touch Enter.
- Set anatomical reference.
 - Select Joint Position
 - Move lever arm to vertical position (pointing down, check with level)
 - Touch Enter to record mechanical position of the lever arm at 90°.
 - Enter Actual joint angle: 90 using screen keypad.
 - Touch Enter
- Move joint angle positive.
 - Move the knee towards flexion.
- Press Enter to record the direction as positive.
- You will see a blue message box saying “Anatomical reference is now set for knee extension”
- Press Enter to advance to the next screen.
- Blue text will tell you to “Move the lever arm as close to the horizontal position....” Ignore this message. Current angle will be displayed
- Move Lever Arm to Current angle: = 42° for Right knee; 44° for Left knee
- Move mechanical stop C to 13 for Right knee; D to 25 for Left knee
- Screen will show current angle close to 42 degrees, touch Enter
- *
 - With the participant’s limb attached to the pad, ask them to relax.
 - When the weight reading stabilizes, touch Enter
 - Limb weight will be displayed
 - Ask the participant to contract and then relax their leg and repeat from *
- If your weight readings agree, press enter, otherwise repeat again until you have a reading that you think is accurate
- Touch Enter
- Set Stop angle:
 - **Grasp the load cell (not the lever arm)** and move the lever arm to 30 degrees.
 - Press Enter to record stop angle.
- Move mechanical stop C back to 8 and D to 19 for Right Knee; C to 20 and D to 30 for Left Knee
- Set start angle:
 - **Grasp the load cell (not the lever arm)** and move the lever arm to 90 degrees.
 - Press Enter to record the start angle and advance to the next screen.
- Set Concentric Activation Force:
 - Ask participant to push as hard as possible against the lever arm. Be sure to tell them that the lever arm will not move.
 - Watch the maximal torque numbers scroll by on the right of screen, and record the maximum number.
 - Divide that number by two, and set concentric activation force to that number (50% of maximum isometric torque):
 - Select Change, then Force Limits, then Start Forward Force.
 - Enter the desired number on the screen keypad, hit Enter, then select Enter Return to Test
- Touch Start Measure

- Ask participant to push up on the pad with less than maximal effort for practice. When lever arm stops, touch No.
- Touch Start Measure
- **Grasp the load cell (not the lever arm)** and move the lever arm back to 90 degrees. When lever arm stops, touch No.
- Touch Start Measure
- Repeat CONC practice effort at less than maximal effort.
 - Touch Start Measure
 - Ask participant to push up on the pad with less than maximal effort. When lever arm stops, touch No.
 - Allow the participant 20 seconds before starting the real test or repeating the practice test. Participants should perform two good practices (based upon shape of curve) before testing begins.
 - **Grasp the load cell (not the lever arm)** and move the lever arm back to 90 degrees. When lever arm stops, touch No.
- Touch Start Measure to begin recording data for the first concentric effort.
 - Tell the participant to push as hard as possible until the lever arm stops.
 - Always Touch Yes to accept the initial concentric effort.
 - Touch Start Measure
 - **Grasp the load cell (not the lever arm)** and move the lever arm back to 90 degrees. When lever arm stops, touch No.
 - Wait 20 seconds
- Touch Start Measure to begin recording data for the second concentric effort.
 - As data for the second effort is recorded it will be displayed in blue “over” the previously collected initial effort (in green). If the two efforts “overlay” very consistently, then Touch Yes to accept latest effort and Touch Yes to accept previous effort. This will average the two efforts together.
 - If the latest effort is greater in amplitude, Touch Yes to latest and No to previous. This will save the latest effort and delete the previous.
 - If the latest effort is of lower amplitude than the previous, Touch No to latest and it will be deleted.
- Continue in this fashion until three concentric curves have been accepted.
- Touch Save to save data (Button will change from 0 to 1)
- Touch Escape three times to return to the main menu.
- Touch Reports
- Touch Overlay
- Touch Compare Report
- Select Patient, enter
- Select date, enter
- Select test 1, enter
- Select test 2 (same test), enter
- Enter
- Touch Print, enter
- Enter
- Enter
- Report should be printing

Appendix 5 – Acceptable and Unacceptable Overlays
(page 1 of 2)

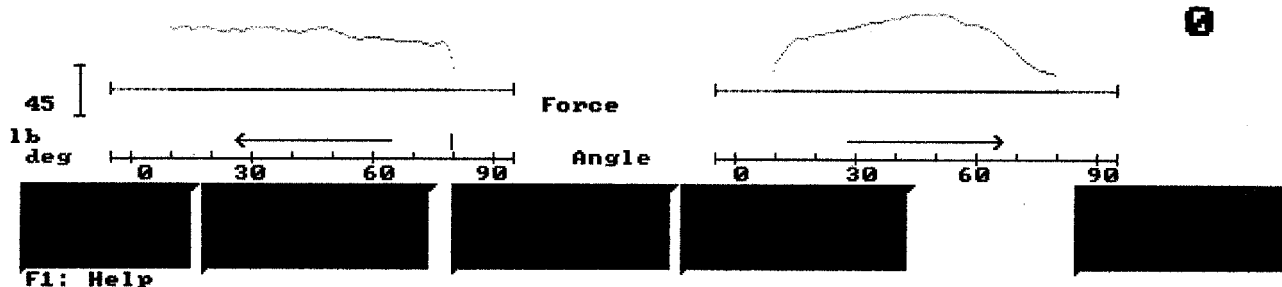


Appendix 5
(page 2 of 2)

1
CONCENTRIC
Accepted
01:56:82

2
ECCENTRIC

*probably accept.
averaged together*

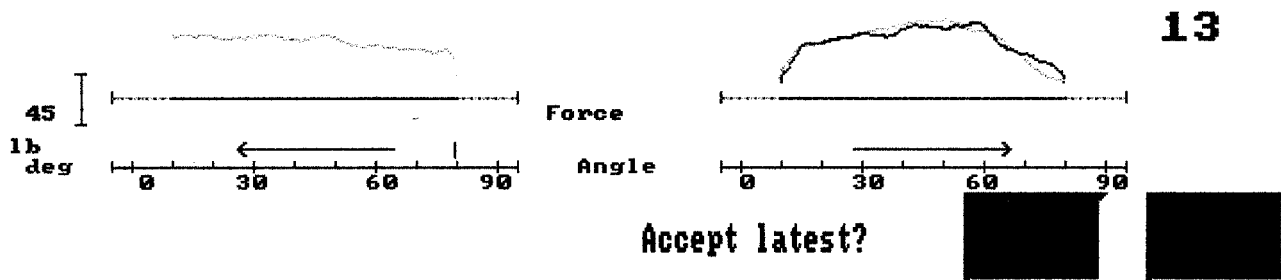


1
CONCENTRIC
Accepted

2
ECCENTRIC

Speed °/s
F: 30
B: 30

acceptable



Appendix 6 Protocol for Diskette Backup

First erase any practice sessions as well as Year 1, 2, 3, 4, 5, or 6 files for participants who have already had their Year 8 exams only

- Touch Kin Com
- Touch Utilities
- Touch System Utilities
- Touch Erase Data Files
- Scroll down the list of participants* to the first file you wish to delete. With file highlighted, touch Enter Tag. A check mark will appear next to the file. If you check the wrong file, touch Enter Untag. The check mark will disappear. When erasing Year 1 or 6 files, check the exam dates carefully and delete only the old data.
- Scroll down to next file you wish to delete and repeat the process until all practice sessions and extra files are check marked.
- Touch Erase Selected Files.
- Touch Escape to exit System Utilities.
- Touch Database Utilities
- Touch Delete Patient Positions
- Go to each practice patient and touch Enter. The screen will show which tests (e.g. right knee) have been done on that participant and ask you to indicate which test position you want to delete. If there are more than one, scroll to the position(s) you want to delete, then touch Enter. The system will ask if you really want to delete this patient's positions. Touch Yes. Do not erase patient positions for real Health ABC participants.
- Touch Escape several times until you return to the main menu

Finally, using your Kin-Com log as a guide, make an archive copy of all new data to be sent to the Coordinating Center (see instructions above). Make a second diskette copy for your own archives. Keep the backup tape to reuse the next time you archive your data.

- Touch Kin Com
- Touch Utilities
- Touch System Utilities
- Touch Copy Data Files
- Touch Copy Files from C: to A:
- Scroll down screen, tagging each file to be copied (use your log to determine which have not yet been archived). With file highlighted, touch Enter Tag. A check mark will appear next to the file. If you check the wrong file, touch Enter Untag. The check mark will disappear.
- When all files to be archived have been tagged, touch Copy Selected Files
- Wait until copying process is complete (this may take some time)
- Touch Escape three times
- Touch Utilities
- Touch Database Utilities
- Touch Rebuild Database (this may take a long time)

Appendix 7 Kin-Com Data Transfer Form

**KIN-COM DATA TRANSFER**

To: Hilsa Ayonayon
UCSF- Prevention Sciences Group
74 New Montgomery St., Suite 600
San Francisco, CA 94105
(415) 597-9268

From: _____

Staff ID#:

--	--	--

Field Center:

☐

Memphis

☐

Pittsburgh

Telephone #:

(

--	--	--

)

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 -

--	--	--	--	--	--

Dates data backed-up
onto diskette:

From:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

To:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

Comments:

UCSF Coordinating Center Use Only:

Date diskette received:

--	--

 /

--	--

 /

--	--	--	--

Comments:

Kin-Com Data Transfer 5/12/00 pjw

Appendix 8 Managing files on the Kin-Com Computer

Make a copy of the new Kin-Com data files to a floppy disk at least once a month. You should first maintain a listing of the participant clinic visit date and record the corresponding *n.cha* file name (where *n*= the number that the Kin-Com assigns as the file prefix name).

At the Kin-Com machine's main menu:

- Type **k** (**K**inCom), then
- Type **u** (**U**tilities), again
- Type **u** (System **U**tilities), and
- Type **x** (**E**xit to Dos)

Your Kin-Com screen will now be at the computer DOS (**D**isk **O**peration **S**ystem) command prompt in the KinCom directory and will look like this:

C:\CHATTECX>

Type the following commands (shown in bold italics) at the **C:\CHATTECX>** prompt:

1. ***dir *.cha/p***

This command will show you a listing of all of the files with the “.cha” file extension. It will also give you the size of the file in bytes, the date and the time the file was last modified and saved to the computer. By including the “/p” in the command, the computer will display the information one screen at a time. To see the next screen, type any key.

Here are some other examples of helpful “*directory*” DOS commands:

dir *.cha/o:n/p (Note: you must type the letter “o” and the letter “n”)

This command will display an “ordered” listing of all of the files by “name” for all files with the “.cha” extension. They are arranged in consecutively named order and not in numbered order. This means that all of the files starting with the number “1” would be displayed first, followed by all of the files beginning with the number “2” and so on. For example, you will see the files on the screen in this order: 1.cha, 10.cha, 11.cha, 12.cha, 13.cha, 14.cha, 15.cha, 16.cha, 17.cha, 18.cha, 19.cha, 110.cha, 111.cha, 112.cha, etc.

dir *.cha/o:d/p

This command will display a listing of files sorted in order by the date and the time with the earliest files appearing first. This is a useful command for identifying old Kin-Com files.

dir *.cha/o:-d/p (Please note you must type a “hyphen” before the letter “d”)

This command will display a list of files sorted in date order with the latest files shown first.

2. ***copy n.cha a:*** (Note: you must substitute a number for the letter *n* in this command.)

This command copies a file with a “.cha” named file to the floppy “a” drive.

Important: If used type the asterisk (*) key as a wild card in this command, the computer will attempt to copy all files named “.cha” to the floppy. However, the floppy disk can not hold all of those files so you will get an error message. You may type a number then the asterisk to copy a group of files. For example, If you type the following commands, you will get the corresponding results:

copy 2.cha a:* (All files beginning with the number “2” will be copied.)

copy 24.cha a:* (All files beginning with the numbers “24” will be copied; such as: 24.cha, 241.cha, 242.cha, 243.cha, 2447.cha, etc)

copy 267.cha a:* (A;; files beginning with the numbers “267” will be copied; such as 267.cha, 2671.cha, 2672.cha, 2673.cha, etc. You should use this command if you want a copy of a four digit named file and do not want to copy two digit named files. Please note that you will copy only one three digit file name equal to the first three digits.

3. *delete n.cha a:* (Note: you must substitute a number for the letter *n* in this command)

This command will delete a file from the computer. **IMPORTANT: ALWAYS BACKUP YOUR DATA BEFORE DELETING FILES.**

VERY IMPORTANT: NEVER, NEVER USE the asterisk (*) key as the only wild card command because it may DELETE ALL of the files from your computer.

You may type a number (or numbers) before the asterisk to delete file names that all begin with the same number(s) but you must NEVER type the asterisk (*) alone. For example, if you type the following commands, you will delete:

delete 9.cha This command will only delete the one file named “9.cha”.

delete 9.cha* This command will delete all “.cha” files that begin with the number “9” such as: 9.cha, 93.cha, 97.cha, 984.cha, 988.cha, 9123.cha, etc.

delete 93.cha* This example will delete all “.cha” files that begin with the numbers “93” such as: 93.cha, 931.cha, 938.cha, 9372.cha, 9368.cha, etc.

delete 957.cha* This example will delete all “.cha” files that begin with the numbers “957” such as: 957.cha, 9571.cha, 9572.cha, 9573.cha, etc.) Use this command if you want to delete four digit files and do not want to delete two digit file names. Please note that you will delete

the one three digit file that has the same numbers as the command. It is always best to make sure you have a copy of your data before deleting any files.

NOTE: Typing the word: *undelete* at a DOS command prompt will recover some deleted files depending upon which version of DOS you are using. However, it is best to only allow staff who are trained and very familiar with DOS commands to copy and delete Kin-Com files.

To return to the Kin-Com machine main menu, you must type the word:
touch
at the C:\CHATTECX> prompt.